

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/662054

		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY						
FC	OR	NUMBE	R FILED	NUMBER	EXTRA	RATE	FEE	}	RATE	FEE	
ВА	SIC FEE						345.00	ÖR		690.00	
то	TAL CLAIMS	44	minus 2	0= * 24		X\$ 9=		OR	X\$18=	432,00	
INDEPENDENT CLAIMS 6 minus 3 = * 3						X39=		OR	X78=	234.00	
		DENT CLAIM PI		+130=		OR	+260=				
* If	the difference	in column 1 is	less than zei	TOTAL		OR	TOTAL	135%.00			
	CI	LAIMS AS A (Column 1)	MENDED	SMALL	ENTITY	OR	OTHER SMALL I				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	=	X39=		OR	X78≃		
H	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDENT CLAIM	·	+130=		OR	+260=		
	•	•				TOTAL		4 1	TOTAL		
ŀ				ADDIT. FEE	L	OR	ADDIT. FEE	<u> </u>			
<u> </u>		(Column 1)		(Column 2)	(Column 3)		455.	, 1			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	=	X39=		OR	X78=	<u> </u>	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									<u> </u>	
1						+130=		OR	+260=		
1				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE				
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	#6 2 3 4	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9=		OR-	X\$18=		
	Independent	*	Minus	***	=	X39=			X78=	ļ. —	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	PENDENT CLAIM				OR			
	6 share ====================================	mm die lees Heer	ho onterite ent	mn O weeks won to	aluma 3	+130=		OR	+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

BEST AVA! ABLE COPY

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 89/662 054

Total Fee Calculation

Total Fee Calculation										
	Fee Code	Total ≉ Claims	Number Extra X	Fee	- .					
•	Sall;			Sm. Eatiny	Eg: Easign	Total				
Basic Filing Fee	201/101					10				
Total Claims >20	203/103	44 -20 =	24 .		<u>690,00 =</u>					
Ladenenden: Claims >3	202/102	6 .; =			18.00 =					
Multi Dep Claim Present					78,60 =	234.00				
Sweharze	205/105				=	_				
Englisa Translation	_139				1.30,00 =	130.00				
TOTAL FEE CALCULA	TION									
Fees due upon filing th					•	<u>1486 iv</u>				
Total Filing Fees Due =	= S	1486								
Less Filing Fees Submi	ದed - S				,					
BALANCE DUE	= s <u>/</u>	496.00								
Office of Initial Patent E	, xaminauos									

FORM OPE-RAM-01 (Rev. 12/97)